

Foster Family Home - Corrective Action Report

Provider ID: 1-180040

Home Name: Olivia Sadio, NA

Review ID: 1-180040-5

94-1006 Lumi Street

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 5/27/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present client # 1 for [REDACTED]

Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) no Dr. order [REDACTED] MAR has [REDACTED] but [REDACTED]

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.



Comment:

54.(c)(2) Service plan for client #1 refers to MD order [REDACTED] frequency, but there is no written / signed MD order for [REDACTED]

54.(b) white out used on several medical record sheets and documents instead of proper correction of documentation error

54.(c)(8) Client # 1 No client belonging record documentation

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.





Compliance Manager

Primary Care Giver

5/26/21
Date
5/26/21
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: OLIVIA SADIO
(PLEASE PRINT)CCFFH Address: 94-1006 LUMI ST., WAIKAKAUA, HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43(c)(3)	RN delegation was done for the caregivers by the client's CMA. It was placed into the client record.	5/27/2021	The PCG will notify the client's CMA that RN delegation needs to be done within a day that a caregiver is added to the home.
47 (e)	RN delegation of Special Skills was done for the caregivers by the client's CMA. It was placed into the client record.	5/27/2021	The PCG will see to it that the RN delegation of special skills is in the client record.
	 discrepancy was corrected by client's CMA, MD and PCG on client's Medication Administration Record. It was placed in the client's record.	6/1/2021	The PCG will look at the client's MAR to ensure that  and  are correct.
54 (b)	The PCG provides notebook for each client for permanent recording.	5/27/2021	Events or situations that may be out of the ordinary should be documented properly with the details legibly in each of the client's notebook.

☒ All items that were fixed are attached to this CAPPCG's Signature: Date: 06/18/2021☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: OLIVIA D. SADIO

(PLEASE PRINT)

CCFFH Address: 94-1006 LUMI ST., WAIKANAHI, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(c)(2)	The client's service plan was read, understood and implemented.	5/27/2021	Properly implement/execute the things that are in the service plan.
54(c)(5)	The CMA corrected the schedule checklist for client #2. It was placed in the client's record.	6/1/2021	The caregivers will ensure that the medications be given on the scheduled time.
54(d)(8)	The caregiver completed the personal inventory form. It was placed into the client's record.	5/27/2021	The PCG will fill out and complete the inventory record within two days of the client's arrival to ensure accuracy.
54(i)(2)	The MD was asked to sign a written order for [REDACTED] frequency. It was placed in the client record.	6/10/21	Inspect the documents/forms that they are complete and properly filled out.
54(b)	Caregivers should be careful in filling out the entries to minimize committing errors. If errors are committed they should be erased properly.	5/27/2021	If errors are committed just cross out the wrong entry and write the correct one on top of the crossed out entry. Be careful and ensure accuracy.

☒ All items that were fixed are attached to this CAPPCG's Signature: [Signature]Date: 06/18/2021☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: OLIVIA SADIO
(PLEASE PRINT)CCFFH Address: 94-1006 LUMI ST. WAIKANAHI HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
34(c)(5)	Medication discrepancy was corrected by clients' CMA, MD and PCG on the clients' Medication Administration Record	6/11/2021	The PCG will look at all the medication administration records and bottles to ensure everything matches. Home will immediately notify CMA, pharmacy and/or MD if for any discrepancy.

☒ All items that were fixed are attached to this CAPPCG's Signature: *ASadio*Date: 06/18/2021☒ CTA has reviewed all corrected items